



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 133400003

CITY OR TOWN WASHINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DOMENICK F. SACCO

DOING BUSINESS AS BUCKSTEEP MANOR

ADDRESS 885 WASHINGTON MTN RD

CITY/TOWN: WASHINGTON

STATE: MA

ZIP CODE: 01223

MANAGER:

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

BR. BARN: LGE ROOM/FIREPLACE. SMALL ROOM/2 BATHROOMS SMALL KITCHEN AREA.  
MANOR HOUSE: HOUSE; CELLAR FOR STORAGE AND FURNACE. 1ST FLOOR KITCHEN,  
HALL AND FOUR ROOMS, 2ND FLOOR; HALL, 8 BEDROOMS, THREE BATHROOMS. 3RD FL.  
3 SMALL ROOMS, 2 STORAGE AREA, 2 ATTACHED PORCHES. ALSO TO INCLUDE A  
TEMPORARY TENT AND AROUND TENT FOR OUTDOOR EVENTS. THERE IS A NEW AREA  
DEFINED IN 2 PARTS. TENT 40 X 80 WITH SIDES OF THE TENT AND HOLDS UP TO 250  
PEOPLE IN CHAIRS AND TABLES. THE GRASSY AREA 225 X 700 WILL HOLD A MAX. OF  
1000 PEOPLE, WILL HAVE NO TABLE AND CHAIRS, AND BE SURROUNDED BY TEMPORARY  
FENCING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

